Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Bo Non Fee Amendment, Commissioner for Patents. Washington, D.C. 20231 on February 27, 2003.

Application of: Lasek et al.

VNITED STATES PATENT AND TRADEMARK OFFICE

Katherine Stofer

Title:

INTESTINAL PROTEINS

Serial No.:

09/729,454

Filing Date:

December 04, 2000

Examiner:

Yu, M.

Group Art Unit:

1642

Box Non-Fee Amendment

Commissioner for Patents Washington, D.C. 20231

RESPONSE TO OFFICE ACTION

Sir:

This paper is responsive to the Office Action dated November 27, 2002. Applicant(s) request reconsideration of the above-referenced patent application in view of the following amendments and remarks.

IN THE SPECIFICATION

Please	replace the paragraph beginning at page 39, line 25, with the following rewritten
paragraph:	

Matched normal colon and cancerous colon or colon polyp tissue samples were provided by the Huntsman Cancer Institute, (Salt Lake City, UT). Donor 4097 is a 48 year-old woman, diagnosed

105972

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Docket No.: PC-0028 US

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Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Lasek et al.

Title:

INTESTINAL PROTEINS

Serial No.:

09/729.454

Filing Date:

December 04, 2000

Examiner:

Yu, M.

Group Art Unit: 1642

Box Non-Fee Amendment

Commissioner for Patents Washington, D.C. 20231

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Receipt Postcard;
- 2. Response to Office Action (29 pp.);
- 3. Exhibit No. A; and
- 4. Nine (9) References (1-9).

The fee has been calculated as follows:

Clairns	Claims After Amendment	•	Claims Previously Paid For	=	Present Extra	Other 1 Small E Rate		Additional Fee(s)	
Total	16	-	20	-	0	x\$18.00		\$	0
Indept.	2	-	3	=	0	x\$84.00		s	0
First Presentation of Multiple Dependent Claims: +280.00								\$	0
							Total Fee:	\$	0/

X No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date:

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